

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

000716

FILING DATE

1-5-93

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1		
2	1		1			
3	1		1			
4	3		2			
5	1		1			
6	1		1			
7	1		1			
8	3		2			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13			1			
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TOTAL IND.	6		7			
TOTAL DEP.	9	↔	9	↔	↔	
TOTAL CLAIMS	15		16			

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IND.	DEP.	IND.	DEP.	IND.
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52				
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TOTAL IND.		↔		
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				

BEST AVAILABLE COPY